To: Members, State Board of Health

From: Jack Jourden, Director, Infectious Disease and Reproductive Health

Subject: WAC 246-101 - Names Retention of Asymptomatic HIV Case Reports and
          Expanded HIV Laboratory Test Reporting

A. Names Retention of Asymptomatic HIV Case Reports

In 1999, the Board of Health adopted rules requiring the reporting of asymptomatic HIV infection by name. The rules also required public health officials to convert the names of those asymptomatic HIV cases to a code within 90 days of receipt of a complete case report. Case reports for symptomatic HIV cases, including AIDS, were to continue to be maintained as standard named reports.

Rule changes were proposed as a result of two different movements. First were the discussions and hearings in 1998 and 1999 by the Governor's Advisory Council on HIV/AIDS (GACHA) on the issue of HIV reporting. The second was the planned CY 2000 reauthorization of the Ryan White Care Act which was to include a requirement that starting with federal fiscal year 2007, HIV cases (not just AIDS cases) would be used to determine the formula distribution of federal funds for the care and treatment of persons with HIV. At that time, the Centers for Disease Control and Prevention (CDC) offered technical assistance to assist states with non-standard names reporting and retention systems meet national standard, therefore, the Department assumed that the CDC would accept our state's data once we were able to demonstrate our ability to meet their surveillance reporting standards.

In recent letters (attachments 1 and 2) from Dr. Gerberding and Dr. Lee, CDC has clarified policy for the acceptance of HIV case data:

> "CDC has had and will maintain a policy to accept only HIV case surveillance data collected, reported, and maintained in state/local HIV/AIDS surveillance systems using confidential name-based methods."   "CDC will continue to ensure that HIV surveillance data reported to CDC are consistent with the ongoing policy."

As a result, if State Board of Health rules are not changed to allow the names of asymptomatic HIV case reports to be retained, it is highly likely that Washington State will lose federal funding for the care and treatment of persons with HIV or AIDS. We are currently reviewing other CDC communications to determine what timelines are required in order for Washington State to be able to submit data to the CDC in order to maintain full eligibility for Ryan White CARE Act funding.

In addition, our understanding of the intent of current state law is that reporting systems for sexually transmitted disease meet the requirements of the CDC. In fact, state law even goes so far as to permit the disclosure of names to "centers for disease control of the United States public health service in accordance with reporting requirements for a diagnosed case of a sexually transmitted disease" (RCW 70.24.105 (2) (c)). **Reporting of names to CDC is not required for either HIV or AIDS reporting – however, the Department must both receive case reports by name and maintain those reports by name to meet CDC requirements for such reporting.**

B. Expanded HIV Laboratory Test Reporting

Current Board rules require the reporting of CD4+ (T4) lymphocyte counts less than 200 and/or CD4+ (T4) percents less than fourteen percent of total lymphocytes (patients aged thirteen or older) and positive HIV viral culture tests. Such conditions constitute a defined AIDS case.

The Council of State and Territorial Epidemiologists (attachment 3) has recommended laboratory reporting of al viral load test results (detectable and undetectable) and reporting all levels of CD4+ T-lymphocyte counts and percentages to ensure reporting of prevalent cases quickly and efficiently into the surveillance system. The CDC has made the same recommendation. The change to the Board rules would require laboratories to report all CD4 and viral load test results, regardless of level. The change should reduce the burden on laboratories of having to sort test results by which are "reportable" versus those that are not.

Attachments